

ISSUE SLIP STAPLE AREA (for additional references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	OS		1/14
O.I.P.E. CLASSIFIER		8	120-99
FORMALITY REVIEW	DM	72223	3-5-99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	
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Claim	Date
Final	
Original	
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68	
69	
70	
71	✓
72	✓
73	✓
74	✓
75	✓
76	✓
77	✓
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Claim	Date
Final	
Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
109	✓
110	✓
111	✓
112	✓
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131	✓
132	✓
133	✓
134	✓
135	✓
136	✓
137	✓
138	✓
139	✓
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141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)